

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
LEXCO INC

PROJECT NAME
ITM MINE

PROJECT ID
S470035

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/28/2000	\$ 100	\$ 100

TAX ID OR SOCIAL SECURITY #

☐ FEE NOT ENCLOSED

Permittee requests
an inspection to close
out this permit.

Change of Address

Contact

Address

State

Phone

Zip

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Contact	_____
Address	_____
State	_____
Phone	_____
Zip	_____

Please make check payable to:
Division of Oil, Gas and Mining